



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF SCHOOL IMPROVEMENT – FEDERAL DISCRETIONARY GRANTS
**COMPREHENSIVE SCHOOL REFORM PROJECT EVALUATION
REPORT FOR THIRD YEAR GRANT RECIPIENTS**

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE	BUILDING CODE
BUILDING NAME	NAME OF REFORM MODEL	

DIRECTIONS

Each building receiving Comprehensive School Reform 3rd year funding must complete this form.

Mail the completed form no later than 30 days after project ending date to: Federal Discretionary Grants, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480

Questions, contact Federal Discretionary Grants: Ph: (573) 526-3232; Fax: (573) 526-6698;
or e-mail to: webreplyimprfdg@mail.dese.state.mo.us; Visit DESE's website at: dese.mo.gov

SECTION I - PROGRAM IMPLEMENTATION

1. Describe the research-based strategies that have been implemented this year.

2. Within the past two years, what changes have been made concerning school management?

3. Describe the external technical support and assistance your building has received with the implementation of this model.

4. List any professional development that was received and focused primarily on your building's reform model.

5. Due to the implementation of the reform model, how have instructional practices improved within the past year? How has the improvement of instructional practices gone on to show an improvement in student academic achievement?

6. What are the measurable goals and benchmarks that have been met due to implementation of this model?

7. List and describe the support received within the school, parents and community involving implementation of this program.

8. Describe evaluation strategies that have shown improvement in student achievement due to implementation of this reform model (in addition to and including MAP scores).

9. Summarize all significant gains/achievements with the implementation of this grant.

10. Briefly describe all benefits gained from the Comprehensive School Reform grant that will be used to sustain the reform model.

SIGNATURE OF THE AUTHORIZED LEA REPRESENTATIVE

DATE